

South East Regional Trauma Council
General Membership Meeting
Labette County Medical Center
1:30 p.m. – 4:30 p.m.
February 26, 2004
Agenda

1:30 Call to Order and RTC Update

Chris Way
Chairperson, SERTC

The Chairperson called the meeting to order and introduced the Chief Executive Officer of Labette County Medical Center (LCMC), Mr. Arlen Reynolds who welcomed the members to LCMC.

The Chairperson offered words in memory of the EagleMed plane pilot, paramedic and nurse who died in a plane crash on February 17, 2004.

Two EagleMed members were introduced as new members to the SERTC. Two MedFlight members were introduced as new to the SERTC. MedFlight provided the refreshments for the meeting and they were extended thanks.

Dr. Osbert Blow was introduced and his biography was provided to the members.

1:45 Triaging the Injured Patient:
Who, What, Why

Osbert Blow, MD, PhD
Trauma Medical Director
Overland Park Regional
Medical Center

Dr. Blow stressed the importance of getting the injured patient to the right kind of care as efficiently as possible for the best outcome. Triage was characterized as any decision that means you are looking at your resources and situation to determine who, what, where, when and why regarding care for the patient.

R. Adams Cowley, MD termed the “golden hour” at Shock Trauma in Maryland. The goal is to take the necessary time to get the injured patient where they need to be to avoid irreversible shock.

The Glasgow Coma Scale is important because of the things we can’t see in the injured patient. He indicated that a single score does not matter as much as the trend of scores. A change in the GCS trend should be immediately reported to someone who can do something about it.

Dr. Blow discussed the issues facing those in rural areas that do not have trauma centers readily at their disposal. Comprehensive trauma systems save lives not just the individual trauma system alone, such as the level 1 and 2 hospitals. A goal may be to determine how to bring the stabilizing care closer to the injured patient then transfer to definitive care. Dr. Blow highlighted the importance of capitalizing on the talents in the area to succeed in our common goal.

Dr. Blow discussed physiologic derangement, anatomic injury, mechanism of injury and co-morbid factors. Time from injury to definitive care is paramount.

2:45 Advisory Council on Trauma Update

Rosanne Rutkowski
Director, Kansas Trauma
Program

Rosanne Rutkowski provided the update. The help of this region is needed as work lies ahead with the SERTC regional trauma plan. The Advisory Committee on Trauma approved the regional trauma plan template with a survey tool. Each hospital in the region will complete the survey tool and someone in the region will assist them with completion. The information contained in the regional plans will ultimately be integrated into the state plan. Each region received \$6,000 to assist with regional trauma planning. Support for the regions, Kendra Tinsley and Cindy Rosebrook were introduced. Cindy's primary duties will include assisting the RTCs with regional trauma plan development.

The trauma education contract has historically funded three courses, Trauma Nurse Core Course, Advanced Trauma Life Support, and Pre-Hospital Trauma Life Support. The Kansas Hospital Association submitted a notice of termination of the education contract held with KDHE. KHA will continue to administer the program until June 30, 2004. The education contract will be revised and the six RTC education sub-committee chairpersons have been contacted to participate on the ACT sub-committee for education.

Kansas has 112 of 122 hospitals trained in the trauma registry. Of the 112, not all facilities are currently reporting. This year, the goal of the trauma registry program is to focus on completeness of the data submitted and completing data submission to the state central site. The RTCs and hospitals will be able to use the data for their purposes based on trauma registry reports that will be similar to the National Trauma Data Bank reports.

The Emergency Medical Dispatch Survey was completed with an outstanding response rate. EMD training emerged as a primary need in the state. The Trauma Program has teamed up with the Cardiovascular Program in the KDHE Bureau of Health Promotion to assess and implement EMD training within the regions. The Cardiovascular Program committed funding to this project. Approximately, \$108,000 is available for the regions and the funding will be split among the trauma regions. The regions will determine the type of EMD training needed in their area. The Cardiovascular Program funding is one time funding.

The Chairperson and SERTC ACT representative provided an update. The SE region completed an EMD training needs survey. An EMD subcommittee will be developed at the next executive committee meeting to establish a plan based on the needs assessment to provide training for dispatchers in the region.

Beginning regional trauma plan development is a priority goal for this year. Five of the ten executive committee seats need to be reelected. Some executive committee members have chosen not to be reelected. The meetings will be stringent and members will have to put personal benefit aside. The region will be facing real issues about what is best for the region in terms of trauma care. If elected to the executive committee it will take a lot of work (regional trauma plan template and survey tool provided). The RTC will have the opportunity to collaborate with all hospitals in the region. It will be important to gain participation in the trauma council by working together on the survey.

The SERTC has been partnering with other regions. The NE region would like to partner on education opportunities and the SC would like to partner on Emergency Medical Dispatch Education. The EMD needs surveys results were similar to those results from the SC region and they are interested in sharing training funding to benefit both regions.

The next step will be to develop a trauma plan and during the next executive committee meeting, discussion will center on gathering the information necessary to develop the plan.

2:15 Trauma Registry Update

Sherry Davis
KDHE, Trauma Registrar

It was announced that Sherry Davis resigned her position at KDHE. Her final day will be the end of March. Sherry assured the membership that the transition would be smooth. Provisional data from the SE was provided. For more information on Sherry's presentation, please see the PowerPoint presentation at www.kdhe.state.ks.us/olrh/Trauma.htm under the trauma registry.

This year, efforts will be focused on quality of data and data reporting. Some facilities that are trained have not started reporting and this will be essential to obtaining a clear and comprehensive picture of trauma in the SE region. Trauma registry data must be reported to the state of Kansas according to Kansas Statute No. 75-5666. A compliance report will be distributed to the hospital registrars.

The next Kansas Trauma Registry Sub-Committee meeting has been scheduled on March 9, 2004.

SERTC data from January 1, 2003 to June 30, 2003 was provided. The data was provisional and based on a small sample from the SE region. The small sample size was due to those hospitals that have not reported data or those that were recently trained and not yet set up to report. All 2003 data will be completed by the end of March.

The membership expressed that they would like to track trauma patients that are directly flown from the scene into Missouri and Oklahoma. Also, the membership would like death data reported with the trauma registry data.

3:30 Reports from sub-committees

- Education

Susan Souders,
Chairperson

Susan Souders, Sub-Committee Chair provided the update. She thanked sub-committee participants, Debbie Baugher, Dr. Sonya Culver, Jeanie Beason, and Tom Pryor. An overview of accomplishments was provided. The sub-committee completed a needs assessment to identify trauma education needs in the region. An Advance Trauma Life Support class has been scheduled at Labette County Medical Center on April 23 and 24. The SERTC will be sponsoring the training. Fifteen Kansas physicians and mid-level practitioners have enrolled in and paid for the class. A TNCC instructor course was completed in Coffeyville and a TNCC course was completed in Parsons last April. Another TNCC course has been scheduled for April 2004.

There is one opening remaining in the ATLS course and it is open to any physician that wants to attend.

- By-Laws

David Cowan
Chairperson

Chris Way provided the update in the absence of the sub-committee Chairperson. Chris reported that Robert's Rules of Order would be followed for proposed bylaws revisions to the general membership and for elections to the executive committee.

The executive committee recommended to the general membership the following revisions to the bylaws. (Recommended bylaws revisions were provided to the general membership).

Article III Section 1 A

Motion: Susan McDaniel moved approval as recommended, with Dr. Steven Miller seconding the motion. The motion was approved by unanimous voice vote.

Article IV Section 2 A. 7

Motion: Jeanie Beason moved approval as recommended, with Susan McDaniel seconding the motion. The motion was approved by unanimous voice vote.

Article IV Section 2 D. 1. a

Motion: Susan Souders moved approval as recommended with Jeanie Beason seconding the motion. The motion was approved by unanimous voice vote.

Article V Section 3

Motion: Debbie Baugher moved for approval, with Kevin seconding the motion. The motion was approved by unanimous voice vote.

Article V Section IV B

Motion: Suzanne Cotton moved approval as recommended with Susan Souders seconding the motion. The motion was approved by unanimous voice vote.

- Trauma Triage, Transport, Transfer

Chris Way
Chairperson

Chris Way, Sub-Committee Chair, provided the report. The sub-committee has not met recently, however, activity will increase with regional trauma plan development.

Chris expressed appreciation for the work of Susan Souders, David Cowan and Bruce Birchell on the executive committee.

4:00 Other Business

Chris Way
Chairperson

• Regional Trauma Plan Development

A regional trauma plan subcommittee will be formed. Forms were passed out for sign up. Participation was encouraged.

Executive Committee Elections

Chris explained that five seats were due for executive committee election. Those seats included:

EMS representative, Dave Cowan who selected not to reup.

Nurse representative, Susan Souders

Physician representative, Dr. Steven Miller

Hospital Administrator representative, Bruce Birchell

Health Department representative Jeanie Beason

A ballot was provided to the general membership. Nomination forms had been submitted by mail and nominations were opened for all positions during the meeting.

For the physician position, one ballot was mailed in nominating Dr. Steven Miller who accepted the nomination. No nominations were received from the floor. Nominations were closed and Dr. Steven Miller was re-elected to the executive committee.

For the health department position, Jeanie Beason was nominated by nomination form. She accepted the nomination. No nominations were received from the floor. Nominations were closed and Jeanie Beason was re-elected to the executive committee.

For hospital administrator, Rod Pace was nominated through the nomination form. Chris reported that he had not heard from Bruce Birchell whose seat was up for election, nor was Bruce present in the meeting therefore he concluded that Bruce had no desire to be re-elected. Chris introduced Rod Pace as the Program Manager of MedFlight in Joplin with a helicopter base in Parsons. Rod Pace has had years of experience as a paramedic and was EMD Director and ER Director at Fort Scott Mercy Hospital. Nominations were opened. No nominations were received from the floor. The nominations were closed. Rod Pace accepted the hospital administrator position.

For the Nurse representative: Two nominations were received by nomination form. Christy Keating was introduced as the ER Director and EMS Director at Fort Scott Mercy Hospital ER and EMS. Christy Keating has been at Mercy Hospital for one year. She was an ER nurse at a Level 2 trauma center prior to her position at Mercy and has several years of nursing experience. The second nominee for nurse representative to the executive committee was Stan Conover from Eagle Med in Chanute. Stan has many years of experience as a nurse and paramedic. The nurse position was voted on by ballot. Christy Keating was elected by the general membership to the nurse representative position.

For the EMS position, Chris reported that David Cowan had indicated that he did not want to run for re-election. Four nomination forms were submitted including, Kenny Yoakum from Crawford County EMS. Mark Brown, the new base supervisor for the MedFlight operation in Parsons. Stan Conover from EagleMed in Chanute and Christy Keating from Fort Scott Mercy Hospital EMS. Nominations were opened to the floor and no other nominations were extended from the floor. Nominations were closed. The vote was completed by ballot and Mark Brown was elected as the EMS representative.

Chris expressed appreciation for the nominations and interest and invited continued participation in the regional trauma council and plan development.

4:30 Adjournment

The meeting was adjourned.